

Nicollet County CARES Act Crisis Assistance Program

You may be eligible to receive financial assistance for CARES Act Crisis Assistance through Nicollet County. Funds are available as a part of the Coronavirus Aid, Relief and Economic Security Act (CARES) stimulus package.

Eligibility overview:

- Loss or reduction of income directly related to COVID-19
- Eviction, foreclosure, utility shut-off, and/or housing needs
- Air conditioner, furnace, and/or vehicle repairs
- Funeral expenses related to COVID-19
- Current Nicollet County resident

Household Size:	1	2	3	4	5	6	7
Income :	\$35,090	\$47,410	\$59,730	\$72,050	\$84,370	\$96,690	\$109,010

*Income guidelines are approximations only. Use this chart for general reference only.

Complete and sign this application and attach all required supporting documentation in order to request financial assistance for Nicollet County CARES Act Crisis Assistance Program. Completing an application does not guarantee approval of assistance. You will be notified if you are approved. You are **required** to complete a Combined Application Form (CAF) for Emergency Assistance prior to, or along with, your CARES Act Crisis Assistance application. You may be required to apply for additional funding programs prior to receiving approval for CARES Act Crisis Assistance. Program runs from August 15, 2020 to November 15th 2020 or until funds are depleted, whichever comes first. Maximum award per household is \$4,000.00. Households found eligible are able to receive funds from this program one time only.

**PLEASE FILL OUT AND SUBMIT FORMS & SUPPORTING DOCUMENTS DIRECTLY TO:
NICOLLET COUNTY HEALTH & HUMAN SERVICES, 622 South Front Street, St. Peter MN 56082
Fax: 507.934.8552**

I. Household Information:

Primary Applicant Legal Name: _____
FIRST MIDDLE LAST

Residential Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Mailing Address: _____

LEAVE BLANK IF SAME AS RESIDENTIAL ADDRESS

City: _____ County: _____ State: _____ ZIP: _____

Phone: _____ Email: _____



II: COVID-19 Impact:

Identify any of the following situations that apply to you. (Check all that apply)

- My rent is past due, or I cannot pay my current rent**
- My mortgage is past due, or I cannot pay my current mortgage**
- I am currently homeless, and I cannot pay a security deposit and/or down payment on stable housing**
- My utility bill(s) is past due, disconnected, or I cannot pay my current utility bill(s)**
- My air conditioner and/or furnace needs repairs, and I cannot pay repair costs**
- My vehicle needs repairs and/or my vehicle, vehicle insurance, and/or vehicle registration is past due, and I cannot pay the associated costs**
- My immediate family member suffered a COVID-19-related death, and I cannot pay the funeral costs**
- Other financial hardship related to COVID-19 (please specify): _____**

III. Household Members and Household Income:

Include *everyone* living in your home (additional members please list on a separate piece of paper)

Primary Applicant: _____ DOB: _____
FIRST MIDDLE LAST

Gross monthly income: _____ Gross Annual Income: _____

Household Member Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Relation: _____ Gross monthly income: _____ Gross Annual Income: _____

Household Member Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Relation: _____ Gross monthly income: _____ Gross Annual Income: _____

Household Member Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Relation: _____ Gross monthly income: _____ Gross Annual Income: _____

Household Member Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Relation: _____ Gross monthly income: _____ Gross Annual Income: _____

Household Member Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Relation: _____ Gross monthly income: _____ Gross Annual Income: _____



IV. Housing Assistance Request:

Complete this section if you are applying for assistance with your current and/or past due rent or mortgage

Past due amount: _____ Current bill amount: _____
Mortgage Company or Landlord: _____
Mortgage Company or Landlord address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Account number or rental unit address: _____

V. Homelessness Assistance Request:

Complete this section if you are currently homeless and applying for assistance with obtaining stable housing

Security deposit amount: _____ Down payment amount: _____
Property Name: _____ Property Manager Name: _____
Property address: _____
City: _____ State: _____ ZIP: _____ Phone: _____

VI. Utility Assistance Request:

*Complete this section if you are applying for assistance with your current and/or past due utility bill(s)
Complete for EACH utility company for which you are requesting assistance. Attach additional requests on separate piece of paper.*

Past due amount: _____ Current bill amount: _____
Utility Company: _____ Utility type: _____
Utility Company Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Account number: _____

Past due amount: _____ Current bill amount: _____
Utility Company: _____ Utility type: _____
Utility Company Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Account number: _____

VII. Repairs Assistance Request:

Complete this section if you are applying for assistance with necessary repairs to air conditioner and/or furnace

Type of repairs: Air Conditioner Furnace Repairs estimate amount: _____
CIRCLE ONE

Repair Company: _____
Repair Company address: _____
City: _____ State: _____ ZIP: _____ Phone: _____



VIII. Transportation Assistance Request:

Complete this section if you are applying for assistance with necessary transportation costs

Type of transportation assistance: Repairs Past Due Payment Registration Insurance

CIRCLE ALL THAT APPLY

Repairs estimate: _____ Past due amount: _____ (Payment / Registration / Insurance)

CIRCLE ONE

Repair/Loan/Insurance Company: _____

Repair/Loan/Insurance Company address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

IX. Funeral Assistance Request:

Complete this section if you are applying for assistance with funeral expenses

*Funeral Assistance Requests require an additional application for County Burial Assistance be completed

Legal Name of Deceased: _____ Relation: _____

FIRST MIDDLE LAST

Date of Birth: _____ Date of Death: _____ Funeral expense amount: _____

Funeral Home: _____

Funeral Home address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

X: Required Documents: *Include all supporting documentation for each type of assistance requested.*

If you do not include all supporting documents, your application may be delayed or denied. You may be required to provide additional supporting documentation.

- Mortgage statement or lease agreement**
- Statement of deposits required for housing**
- Utility bill(s)**
- Repairs estimates (2 per request)**
- Vehicle payment notice, registration notice and/or insurance bill(s)**
- Statement of funeral costs**
- Proof of loss or reduction of income related to COVID-19:** Documents may include furlough notice, termination notice, letter from employer, unemployment approval, etc.

I authorize Nicollet County to make benefit payments directly to my landlord, mortgage company, utility supplier, repair company, insurance company, funeral home, or other vendor. I am aware that if my application is incomplete or supporting documentation is missing there may be a delay in processing and/or my application may be denied. I am responsible for providing accurate, complete and truthful information. I understand that if I provide incomplete or incorrect information, or if I falsify forms, I will have my benefits terminated and/or may be required to repay funds. I certify the information above is true and accurate.

Signature: _____ Date: _____

